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SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

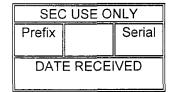
OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average
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response...1





UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



PROCESSED

APR 08 2003

THOMSON

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

The Gypsy Jeans Company Reg	ulation D Offeri	ng			
Name of Offering (check if this is a	an amendment	and name has	changed, and	indicate change.)	
Filing Under (Check box(es) that apply):	[x] <u>Rule 504</u>	[] Rule 505	[] <u>Rule 506</u>	[] Section 4(6)	[] ULOE

Type of Filing: [xx] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
The Gypsy Jeans Company
Name of Issuer (check if this is an amendment and name has changed, and indiciate change.)
230 Torrey Pines Court , Vallejo, CA, 94591
Address of Executive Offices (Number and Street, City, State, Zip Code)
707-557-2187
Telephone Number (Including Area Code)
1336 Landry Circle, Longwood, FL, 32750
Address of Principal Business Operations (Number and Street, City, State, Zip Code)
407-332-5328
Telephone Number (Including Area Code) (if different from Executive Offices)
Manufacture, market and distribute a line of designer denim jeans for teenage girls and women/
Brief Description of Business
Type of Business Organization [xx] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed
Month Year Actual or Estimated Date of Incorporation or Organization: [1]0] [0]1] [xx] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [F][L]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x] Promoter [x] Beneficial Owner	[x] Executive Officer	[] Director []	General and/or Managing Partner
Vitaliano, Anthony				
Full Name (Last nar	ne first, if individual)			
230 Torrey Pines Co	ourt, Vallejo, CA 94591			
Business or Resider	nce Address (Number and Street	t, City, State, Zip Co	de)	
Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[] Executive Officer	[X] Director [General and/or Managing Partner
Chancey, Allison				
Full Name (Last nar	ne first, if individual)			=======================================
1336 Landry Circle,	Longwood, FL 32750			
Business or Resider	nce Address (Number and Street	t, City, State, Zip Co	de)	
Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[] Executive Officer	[X] Director [General and/or Managing Partner
Chancey, Ronald				
Full Name (Last nar	me first, if individual)			
1336 Landry Circle,	FL 32750			
Business or Reside	nce Address (Number and Stree	t, City, State, Zip Co	de)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner

Business or Reside	nce Address (Nui	mber and Stree	t, City, State, Zip Co	de)	
ý					
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director []	General an Managing Partner
Full Name (Last nar	me first, if individu	ıal)			
Business or Reside	nce Address (Nu	mber and Stree	t, City, State, Zip Co	ode)	
			,		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director []	General an Managing Partner
Full Name (Last nar	me first, if individu	ual)	·		
Full Name (Last nar	me first, if individu	ual)			
Full Name (Last nar Business or Reside			et, City, State, Zip Co	ode)	
,		mber and Stree	et, City, State, Zip Co [] Executive Officer	ode) [] Director []	General ar Managing Partner
Business or Reside Check Box(es) that Apply:	nce Address (Nu [] Promoter [mber and Stree] Beneficial Owner	[] Executive		Managing
Business or Reside Check Box(es) that	nce Address (Nu [] Promoter [mber and Stree] Beneficial Owner	[] Executive		Managing
Business or Reside Check Box(es) that Apply: Full Name (Last na	nce Address (Nu [] Promoter [me first, if individu	mber and Stree] Beneficial Owner	[] Executive	[] Director []	Managing
Business or Reside Check Box(es) that Apply: Full Name (Last nath	nce Address (Nu [] Promoter [me first, if individuance Address (Nu	mber and Stree] Beneficial Owner ual) mber and Stree	[] Executive Officer	[] Director []	Managing Partner
Business or Reside Check Box(es) that Apply: Full Name (Last nath	nce Address (Nu [] Promoter [me first, if individuation nce Address (Nu heet, or copy an	mber and Stree] Beneficial Owner ual) mber and Stree d use addition	[] Executive Officer	[] Director []	Managing Partner
Business or Reside Check Box(es) that Apply: Full Name (Last nath	nce Address (Nu [] Promoter [me first, if individence Address (Nu heet, or copy an	mber and Stree] Beneficial Owner ual) mber and Stree d use addition DRMATION AE	[] Executive Officer et, City, State, Zip Conal copies of this sl	[] Director [] ode) neet, as necessary	Managing Partner

3. Doe	es the of	fering pe	ermit join	ıt owner	ship of a	single u	nit?	************		•••••		es No
directl conne persor the na	y or indii ction wit n or age me of th	rectly, ar h sales nt of a b le broke	ny comm of securi roker or r or deal	nission o ities in th dealer r er. If mo	or similar ne offerir egistered ore than t	remuneing. If a pod d with the five (5) p	ration for erson to e SEC ar ersons to	solicitati be listed nd/or with be liste	be paid of ion of purion of purion is an assate dare assathat broken	rchasers sociated or states sociated	s in s, list	,,,,] [
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Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	of Asso	ociated E	Broker or	r Dealer							<u></u>)
State	s in Whi	ch Perso	n Listed	l Has So	olicited o	r Intends	to Solic	t Purcha	sers		· · · · · · · · · · · · · · · · · · ·	
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Full N	lame (La	ast name	e first, if	individua	al)			· · · · · · · · · · · · · · · · · · ·				-
Busin	ess or F	Residenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			—
Name	e of Asso	ociated E	Broker o	r Dealer								
State	s in Whi	ch Perso	on Listed	l Has So	olicited o	r Intends	to Solic	it Purcha	sers		· · · · · · · · · · · · · · · · · · ·	
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Full N	lame (La	ast name	e first, if	individu	al)							
Busin	ess or F	Residenc	e Addre	ss (Nun	nber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	e of Asso	ociated E	Broker o	r Dealer		_						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{1.} Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero."

If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

and already exchanged.		
Type of Security Debt	Aggregate Offering Price \$0 \$650,000.00 \$0 \$0 \$0 \$0 \$0	Amount Already Sold \$0 \$0 \$0 \$0 \$0 \$0 \$0
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	s Aggregate Dollar Amount
Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	0 0 0	of Purchases \$0 \$0 \$0
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	
Rule 505 Regulation A Rule 504 Total	0 0 0 0	Sold \$0 \$0 \$0 \$0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)] \$0 (] \$500.00 (] \$1500.00] \$0] \$0] \$65,000.00

Other Expenses (identify) PPM Prep, Marketing, M	lisc. Expenses		1,000.00 8,000.00		
b. Enter the difference between the aggregate offering page - Question 1 and total expenses furnished in response the difference is the "adjusted gross proceeds to the issuer. 5. Indicate below the amount of the adjusted gross proceproposed to be used for each of the purposes shown. If purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - C	o Part C - Question 4.a. Thi " eeds to the issuer used or the amount for any e box to the left of the e adjusted gross	art C \$5 is	72,000.00		
Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of mach	F C C [: [ninery	Payments to Officers, Directors, & Affiliates x] \$254,000] \$0] \$0			
Construction or leasing of plant buildings and facility Acquisition of other businesses (including the value securities involved in this offering that may be use exchange for the assets or securities of another is pursuant to a merger)	ties [e of [d in suer] \$0] \$0	[]\$0 []\$0		
Repayment of indebtedness Working capital Other (specify):] \$	[x] \$29,000 [x] \$274,000 [] \$		
Column Totals Total Payments Listed (column totals added)] \$254,000]\$572,000	[]\$318,000		
D. FEDERAL SIGNA	ATURE				
The issuer has duly caused this notice to be signed by this notice is filed under Rule 505, the following signature to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredite Rule 502.	e constitutes an undertakin sion, upon written request c	g by the iss of its staff, th	uer ne		
Issuer (Print or Type)	Signature	Dat	e		
The Gypsy Jeans Company	Anthony S. Vitalianio	3	-28-03		
Name of Signer (Print or Type)	Title of Signer (Print or Typ	pe)			
Anthony S. Vitaliano	C.E.O.				
ATTENTION					
ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18					
U.S.C. 1001.)					

E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
The Gypsy Jeans Company	Anthony S. Vitaliano	3-28-03
Name of Signer (Print or Type)	Title (P r int or Type)	
Anthony S. Vitaliano	C.E.O.	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.